## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

1998

L79599

(1)

PRO NUTRITION, INC.

Mailing Address

Principal Place of Business

## **FILED** Apr 14 1998 8:00am Secretary of State



	91ST AVENUE RINGS FL 33065		2682 N.W. 91ST AVENUE			
OURAL SP	NINGS FL 33003	CORAL SPRINGS FL 3	CORAL SPRINGS FL 33065		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					06/02/1990	
2, Principal Place of Business 2a. Mailing Addre			ress		4. FEI Number	Applied For
21		26			65-0197520	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	· <del></del>	27	4		3. Commodio of Oldido Dosifed	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23	[28]				Trust Fund Contribution	Added to Fees
Zip	Country	7 <sub>1</sub> p	Count		8. This corporation owes or has paid the co	
24	25 29 30 30 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes No		
		it negistered Agent	8	81 Name		
FEIG, MARC I., ESQUIRE				THE		
20451 N.W. 2ND AVE. #101			8	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33169			8	3		
			8	4 City	FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statule	es the abo	vo-named c	corporation submits this statement for the purpose	_ , ,
office or r	egistered agent, or both, in the State	⊨of Florida. Such change was a	authorized I	by the corpo	oration's board of directors. I hereby accept the ap	pointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typied or printed name of regelieruo age	ad and the if sopticable (NOF)	Registered A	oent signature re	equired when reinstaling) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12
TITLE	PD	DELETE	111111			Change Addition
NAME	VASTINE, NANCY H.		1.2 NAM	<u>.</u>		
STREET ADDRESS			1.3 STRE	ET ADDRESS		}
CITY-ST-ZIP			1.4 CHY	- S1 - Z(P		
TITLE	VD DELETE 2.11		2.1 THTLE			☐ Change ☐ Addition C
NAME			2.2 NAM			
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- S1 - ZIP		
TITLE	71T		3.1 TITLE			Change Addition
NAME			3.2 NAMI			
STREET ADORESS	2682 N.W. 91ST AVE.		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE			4.1 TH LE			Change Addition
NAME			4. 2 NAM	·		
STREET ADDRESS	2682 N.W. 91ST AVE.			ET ADDRESS		İ
CITY-ST-ZIP	CORAL SPRINGS FL			S1 - 2/P		
TITLE	U VACTIME IOMATAIAN S	DELETE 5.11				Change Addition
NAME	4000 SIMI 4107 AUT		5.2 NAME			
STREET ADDRESS	2682 N.W. 91ST AVE.			E1 ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	Plettere	5.4 CITY-	S1-ZIP		
TITLE	-		6.1 TITLE			Change Addition
NAME	VASTINE, CHRISTOPHER A	•	6.2 NAME			
STREET ADDRESS	2682 N.W. 91ST AVE.			1 ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY	ST-ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address.